

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY																																				
1. NAME (Last, First, Middle)			2. DEPARTMENT, COMPONENT AND BRANCH				3. SOCIAL SECURITY NO. _____-____-_____																													
4.a. GRADE, RATE OR RANK		4.b. PAY GRADE		5. DATE OF BIRTH (YYMMDD)			6. RESERVE OBLIG. TERM. DATE Year _____ Month _____ Day _____																													
7.a. PLACE OF ENTRY INTO ACTIVE DUTY				7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)																																
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND				8.b. STATION WHERE SEPARATED																																
9. COMMAND TO WHICH TRANSFERRED							10. SGLI COVERAGE <input type="checkbox"/> None Amount \$ _____																													
11. PRIMARY SPECIALTY (<i>List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.</i>)				12. RECORD OF SERVICE			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Year(s)</th> <th style="width: 10%;">Month(s)</th> <th style="width: 10%;">Day(s)</th> </tr> </thead> <tbody> <tr><td>a. Date Entered AD This Period</td><td></td><td></td></tr> <tr><td>b. Separation Date This Period</td><td></td><td></td></tr> <tr><td>c. Net Active Service This Period</td><td></td><td></td></tr> <tr><td>d. Total Prior Active Service</td><td></td><td></td></tr> <tr><td>e. Total Prior Inactive Service</td><td></td><td></td></tr> <tr><td>f. Foreign Service</td><td></td><td></td></tr> <tr><td>g. Sea Service</td><td></td><td></td></tr> <tr><td>h. Effective Date of Pay Grade</td><td></td><td></td></tr> </tbody> </table>			Year(s)	Month(s)	Day(s)	a. Date Entered AD This Period			b. Separation Date This Period			c. Net Active Service This Period			d. Total Prior Active Service			e. Total Prior Inactive Service			f. Foreign Service			g. Sea Service			h. Effective Date of Pay Grade		
Year(s)	Month(s)	Day(s)																																		
a. Date Entered AD This Period																																				
b. Separation Date This Period																																				
c. Net Active Service This Period																																				
d. Total Prior Active Service																																				
e. Total Prior Inactive Service																																				
f. Foreign Service																																				
g. Sea Service																																				
h. Effective Date of Pay Grade																																				
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (<i>All periods of service</i>) 																																				
14. MILITARY EDUCATION (<i>Course title, number of weeks, and month and year completed</i>) 																																				
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS EDUCATIONAL ASSISTANCE PROGRAM			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>		Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>		Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	16. DAYS ACCRUED LEAVE PAID																		
Yes	No																																			
<input type="checkbox"/>	<input type="checkbox"/>																																			
Yes	No																																			
<input type="checkbox"/>	<input type="checkbox"/>																																			
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> Yes <input type="checkbox"/> No																																				
18. REMARKS 																																				
19.a. MAILING ADDRESS AFTER SEPARATION (<i>Include Zip Code</i>)					19.b. NEAREST RELATIVE (<i>Name and address - include Zip Code</i>)																															
20. MEMBER REQUESTS COPY 6 BE SENT TO <input type="checkbox"/> DR. OF VET AFFAIRS <input type="checkbox"/> Yes <input type="checkbox"/> No																																				
21. SIGNATURE OF MEMBER BEING SEPARATED					22. OFFICIAL AUTHORIZED TO SIGN (<i>Typed name, grade, title and signature</i>)																															

DD Form 214, NOV 88

Previous editions are obsolete.

MEMBER - 1

ANY ALTERATIONS IN SHADED
AREAS RENDER FORM VOID

Previous editions are obsolete

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED
AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY					
1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NO.	
4.a. GRADE, RATE OR RANK	4.b. PAY GRADE	5. DATE OF BIRTH (YYMMDD)	6. RESERVE OBLIG. TERM. DATE Year Month Day		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND		8.b. STATION WHERE SEPARATED			
9. COMMAND TO WHICH TRANSFERRED			10. SGLI COVERAGE Amount: \$ <input type="checkbox"/> None		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)		12. RECORD OF SERVICE			
		a. Date Entered AD This Period			
		b. Separation Date This Period			
		c. Net Active Service This Period			
		d. Total Prior Active Service			
		e. Total Prior Inactive Service			
		f. Foreign Service			
		g. Sea Service			
		h. Effective Date of Pay Grade			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
				16. DAYS ACCRUED LEAVE PAID	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					Yes
18. REMARKS					No
19.a. MAILING ADDRESS AFTER SEPARATION (include Zip Code)			19.b. NEAREST RELATIVE (Name and address - include Zip Code)		
20. MEMBER REQUESTS COPY 6 BE SENT TO		DIR. OF VET AFFAIRS		Yes	No
21. SIGNATURE OF MEMBER BEING SEPARATED		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)			
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION			24. CHARACTER OF SERVICE (include upgrades)		
25. NARRATIVE REASON FOR SEPARATION					
29. DATES OF TIME LOST DURING THIS PERIOD			30. MEMBER REQUESTS COPY 4		
			Initials		

DD Form 214, NOV 88

Previous editions are obsolete

COPY DESIGNATION *(Printed in lower right margin)*

MEMBER - 1

SERVICE - 2

VETERANS ADMINISTRATION - 3

MEMBER - 4

DEPARTMENT OF LABOR - 5

STATE DIRECTOR OF VETERANS AFFAIRS - 6

SERVICE - 7

SERVICE - 8

Copy 1 (the original) does not have Items 23 - 30, and the page ends after Item 22.

Copies 2, 4, 7, and 8 contain all items.

Copies 3, 5, and 6 contain all items, but Items 25 through 27 are blacked out.

[54 FR 9985, Mar. 9, 1989]